

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-018781

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

340

Primary Registration District No.

3075

Registrar's No.

34

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY

Stoddard

b. CITY (If outside corporate limits, give TOWNSHIP only)

Dexter

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

Residence

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Stoddard

c. CITY
OR
TOWN

Dexter

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS(If outside, give location)
22 So. Poplar

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Clyde

Middle

Elmo

Last

Unger

4. DATE
OF
DEATHMonth
April

Day

25,

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-31-1915 47

9. AGE (last birthday)

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Trucking

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Bloomfield, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

William Unger

13b. MOTHER'S MAIDEN NAME

Della Pope

14. NAME OF HUSBAND OR WIFE

Eula Unger

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Eula Unger,

Address

Dexter, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Cardiac Failure

INTERVAL BETWEEN

ONSET AND DEATH

6 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Pulmonary Edema

36 hrs.

DUE TO (c) Cardiac Asthma

5 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from August, 1962 to April 25, 1963 and last saw him alive on April 25, 1963.
Death occurred at 11:05 A. M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Floyd C. Northington, D. O.

22b. ADDRESS

Dexter, Missouri

22c. DATE SIGNED

4-26-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-27-63

23c. NAME OF CEMETERY OR CREMATORY

Oak Ridge

23d. LOCATION (City, town, or county)

R.F.D. Bloomfield, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Rainey Funeral Home, Dexter, Mo.

25. DATE RECD. BY LOCAL REG.

4/29/63

26. REGISTRAR'S SIGNATURE

Velma V. Janssen

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1/035

2/035

3

4 0

5 1

6

7 0

8 2

9/34.2

10

11

12 90-2

13 2-0

Buried
4/29/23
U.S.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Raymond L. Bluffe

Licensed Embalmer No. 4798

P. O. Address Berme, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.